

Check A Box  
Dependent Operation

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL N.   FILING DATE    
 APPLICANT(S)  

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**CLAIMS**

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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